

**THE CITY OF NEW YORK**  
VITAL RECORDS CERTIFICATE

**CERTIFICATE OF BIRTH REGISTRATION**

DATE FILED

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOVEMBER 12, 2015  
10:17 PM

**CERTIFICATE OF BIRTH**

CERTIFICATE NO. 156-15-102636

1. NAME OF CHILD	(First, Middle, Last) <b>Moshe F.</b>								
2. SEX	3a. NUMBER DELIVERED of this pregnancy <b>Male</b>	1	4a. DATE OF CHILD'S BIRTH	(Month) November	(Day) 09,	(Year - yyyy) 2015	4b. Time 03:38	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH <b>Manhattan</b>	5b. Name of Hospital or other facility (if not facility, street address) <b>NYU Langone Medical Center-Tisch</b>							
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office		<input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) <b>Perl H</b>	SEX <b>M</b>	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) <b>01</b>	(Day) <b>07</b>	(Year - yyyy) <b>1984</b>	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Israel</b>				
7. MOTHER/PARENT'S USUAL RESIDENCE a. State <b>NY</b> b. County <b>Rockland</b>	7c. City or town <b>Monsey</b>	7d. Street and number <b>185 Park Lane</b>	Apt. No.	ZIP Code <b>10952</b>	7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) <b>Jacob F</b>	SEX <b>X M F</b>	8b. FATHER/PARENT'S DATE OF BIRTH (Month) <b>01</b>	(Day) <b>18</b>	(Year - yyyy) <b>1984</b>	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Brooklyn, NY</b>				
9a. NAME OF ATTENDANT AT DELIVERY <b>John Michael Migotsky</b>	<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify		No Correction History.						
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN  Signed <b>Rosemarie Cook</b> <i>Handwritten signature</i> Name of Signer <b>Rosemarie Cook</b> (Type or Print)	<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify								
Address <b>560 First Avenue New York New York 10016</b>									
Date Signed <b>November 12, Year - yyyy 2015</b>									
Mother/Parent's Current (First, Middle, Last) Legal Name <b>Felberbaum</b>									
Address <b>185 Park Lane</b>		Apt. <b>***</b>							
City <b>Monsey</b>		State <b>NY</b>		ZIP <b>10952</b>					

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made therein, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se lo ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea el lado reverso la información para corregir un certificado de nacimiento.

*Bill De Blasio*

*Kathy S. Bozzo*

*Alan P. Gentry*

MAYOR

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

November 17, 2015



G 0 0 7 6 8 4 7 8



**THE CITY OF NEW YORK**  
**VITAL RECORDS CERTIFICATE**

**CERTIFICATE OF BIRTH REGISTRATION**

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAY 07, 2014  
02:55 PM

**CERTIFICATE OF BIRTH**

CERTIFICATE NO. 156-14-038489

1. NAME OF CHILD	(First, Middle, Last) <b>Blima F</b>				
2. SEX <b>Female</b>	3a. NUMBER DELIVERED of this pregnancy <b>1</b>	3b. If more than one, number of this child in order of delivery <b>****</b>	4a. DATE OF CHILD'S BIRTH <b>May 01, 2014</b>	(Month) (Day) (Year - yyyy)	4b. Time <b>10:36 AM</b>
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH <b>Manhattan</b>	5b. Name of Hospital or other facility (if not facility, street address) <b>The Mount Sinai Hospital</b>			
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) <b>SEX M F</b> <b>Perl H</b>		6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) <b>01 / 07 / 1984</b>	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Israel</b>		
7. MOTHER/PARENT'S USUAL RESIDENCE a. State <b>NY</b>	b. County <b>Rockland</b>	7c. City or town <b>Monsey</b>	7d. Street and number <b>185 Park Lane</b>	Apt. No. <b></b>	ZIP Code <b>10952</b>
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) <b>SEX X M F</b> <b>Jacob F</b>		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) <b>01 / 18 / 1984</b>	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Brooklyn, NY</b>		
9a. NAME OF ATTENDANT AT DELIVERY <b>Victor M. Grazi</b>		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify	<input type="checkbox"/> A.P.A. <input type="checkbox"/> R.N. <input type="checkbox"/> Other-Specify	No Correction History	
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN  Signed <u>Anastasia Stekas</u> Signature Electronically Authorized Name of Signer <u>Anastasia Stekas</u>		<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify	<input type="checkbox"/> A.P.A. <input type="checkbox"/> R.N. <input type="checkbox"/> Other-Specify		
Address <b>One Gustave L. Levy Place New York, New York 10029</b> Date Signed <b>May 07, Year - yyyy 2014</b>					
Mother/Parent's Current (First, Middle, Last) Legal Name <b>Perl Felberbaum</b> Address <b>185 Park Lane</b> Apt. <b>****</b> City <b>Monsey</b> State <b>NY</b> ZIP <b>10952</b>					

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado roverso la información para corregir un certificado de nacimiento.

*Bill De Blasio*

MAYOR

*Naomi J. Bennett*

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

*John P. Sautin*

CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

May 9, 2014

